

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

222315

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2						
3						
4						
5						
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	17	↓	↓	↓		
TOTAL CLAIMS	17					

1	IND.	DEP.	IND.	DEP.	IND.	DEP.
2	51					
3	52					
4	53					
5	54					
6	55					
7	56					
8	57					
9	58					
10	59					
11	60					
12	61					
13	62					
14	63					
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33	82					
34	83					
35	84					
36	85					
37	86					
38	87					
39	88					
40	89					
41	90					
42	91					
43	92					
44	93					
45	94					
46	95					
47	96					
48	97					
49	98					
50	99					
	100					
TOTAL IND.						
TOTAL DEP.		↓	↓	↓		
TOTAL CLAIMS						